

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212534340				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Rockingham Memorial Hospital</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES D KRAUSS ROCKINGHAM MEMORIAL HOSPITAL 2010 HEALTH CAMPUS DR. HARRISONBURG, VA 22801</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROCKINGHAM COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 10/31/2012</p> <p>SCC ID NO: 00054841</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED		
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 2010 HEALTH CAMPUS DR</p> <p style="margin-left: 40px;">CITY/ST/ZIP: HARRISONBURG, VA 22801</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANN E. C. HOMAN TITLE: PRESIDENT ADDRESS: ROCKINGHAM MEMORIAL HOSPITAL 2010 HEALTH CAMPUS DR. HARRISONBURG, VA 22801 CITY/ST/ZIP/CO: </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 30%;"></td> </tr> </table>			NAME: ANN E. C. HOMAN TITLE: PRESIDENT ADDRESS: ROCKINGHAM MEMORIAL HOSPITAL 2010 HEALTH CAMPUS DR. HARRISONBURG, VA 22801 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A JERRY BENSON, PHD DIRECTOR ROCKINGHAM MEMORIAL HOSPITAL 2010 HEALTH CAMPUS DR. HARRISONBURG, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID L BERND DIRECTOR SENTARA HEALTHCARE 6015 POPLAR HALL DR., SUITE 300 NORFOLK, VA 23502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH K FUNKHOUSER DIRECTOR ROCKINGHAM MEMORIAL HOSPITAL 2010 HEALTH CAMPUS DR. HARRISONBURG, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALDEN L HOSTETTER, M.D. DIRECTOR ROCKINGHAM MEMORIAL HOSPITAL 2010 HEALTH CAMPUS DR. HARRISONBURG, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELMER E KENNEL, M.D. DIRECTOR ROCKINGHAM MEMORIAL HOSPITAL 2010 HEALTH CAMPUS DR. HARRISONBURG, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH M KRAKAUR DIRECTOR SENTARA HEALTHCARE 6015 POPLAR HALL DR., SUITE 300 NORFOLK, VA 23502	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLON H LEFEVER DIRECTOR ROCKINGHAM MEMORIAL HOSPITAL 2010 HEALTH CAMPUS DR. HARRISONBURG, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JAMES D KRAUSS	JAMES D KRAUSS, PRESIDENT	9/6/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			